



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Workforce Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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BWP OPERATIONS MEMO

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Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: High

SUBJECT: MEDICAID ELIGIBILITY FOR INMATES

CROSS REFERENCE: MA Handbook, 1.9.0 and 5.0.0.

EFFECTIVE DATE: January 1, 2002

PURPOSE

This Operations Memo describes policy and processes regarding Medicaid (MA) eligibility for inmates of Wisconsin State prisons.

BACKGROUND

In a report released by the Legislative Audit Bureau (LAB), it was recommended that the Department of Corrections (DOC) pursue federal funding to help reduce Wisconsin's costs for medical care for inmates. In response, the Department of Health and Family Services (DHFS) and the Department of Corrections (DOC) have developed a standard procedure for processing MA applications for inmates of Wisconsin State prisons.

Procedures for processing MA applications for inmates of other correctional facilities are left to local agency discretion.

DISCUSSION

Current policy regarding inmates is stated in the MAHB, Appendix 1.9.0 as follows:

“Do not count inmates of public institutions as members of the household. An inmate of a public institution is a person who is a prisoner in a jail, prison, or other correctional institution, and who does not reside outside of the institution for more than 24 hours at any one time.”

Therefore, if an inmate is taken out of prison and placed in a hospital for at least a 24 hour period, and is otherwise eligible for MA, s/he will be certified for MA for the period of time that s/he was outside of the prison.

Inmates who may be eligible for MA include those who are:

1. Under age 19
2. Age 65 and older
3. Pregnant
4. Disabled

PROCESS

Effective January 1, 2002, MA applications for inmates of Wisconsin State prisons will be submitted by DOC staff to the agency in the county where the inmates are imprisoned. Although the Income Maintenance Manual (IMM) does not yet reflect this, it is allowable under state law for Superintendents of state correctional facilities (Wardens) to submit a MA application on behalf of an inmate.

Effective January 1, 2002, MA applications signed by Wardens on behalf of prison inmates must be accepted by ES agencies.

The DOC staff person designated to assist in completing the application and providing any necessary verification will be indicated on the application or on documents attached to the application. However, notices and the MA card must be mailed to the DOC central office location listed on the application as the inmate's mailing address.

MA applications for inmates will be completed and processed as one-person households. Information about inmates' spouses or children is not required. The living arrangement on CARES screen ANLA must be coded as “01- Independent (Home/Apt/Trlr)” because other living arrangement codes may cause incorrect certification or denial. Determine eligibility for emergency MA services for inmates who are undocumented aliens.

In most cases, we expect the applications to be filed after the inmate has been discharged from the hospital. DOC will provide the name of the hospital and admission and discharge dates. It is not necessary for ES to verify the dates with hospital staff. In cases involving hospitalizations lasting close to three months, DOC staff will submit an application while the inmate is still hospitalized. In those cases, DOC staff will provide the ES with an estimated discharge date.

If the inmate is between the ages of 19 and 64, a MA Disability application will be submitted with the MA application. The ES should forward the disability application to the Disability Determination Bureau (DDB) and pend the MA application in CARES until a disability determination has been completed (*MA Handbook* 5.1.0). The ES should forward the disability application to DDB, even if a release of information form is not signed by the inmate. In many cases a release will not be necessary for DDB to obtain medical information from DOC. If a

release is necessary, DDB will obtain it from DOC. If the disability determination has not been completed within the thirty-day processing period, the ES must send manual notification to the designated DOC staff person that MA eligibility determination has been delayed because additional information is needed.

If it is determined that the inmate was eligible for MA during the period of time that s/he was hospitalized, close the case in CARES by changing the request for MA on ACPA to "N", running SFED/X and confirming the denial on AGECEC. Suppress CARES-generated notices on CNIN for MA and any program that the client has not requested. Manually certify eligibility using a DES 3070 form, from the hospital admission date through the date of discharge. Manual certification will ensure that the correct dates of eligibility are on file on MMIS. Choose the appropriate medical status code as listed at the end of this Operations Memo. Indicate the DOC central office location as the mailing address on the DES 3070 form.

In cases where an inmate has not been discharged, certify through the estimated discharge date. DOC staff will contact the ES when the inmate has been discharged. If the ES has not been notified of discharge by the end of the previous certification period, the ES must contact DOC to get a new estimated date for discharge and submit another DES 3070 form to extend eligibility. The ES should terminate eligibility as of the discharge date, once that date is known.

Send a manual positive notice indicating the dates of eligibility to the DOC central office location noted on the application. As stated in the Income Maintenance Manual (Chapter II, Part G, Section 2.2.2), it is not necessary to provide a ten-day notice of the termination of MA eligibility when the reason for termination is the return of the inmate to the prison.

If it is determined that the inmate is ineligible for MA during the period of hospitalization, confirm the denial in CARES and allow CARES-generated notices to be issued.

CONTACTS:

DES CARES Information and Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Phone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.

Medical Status Codes for Hospitalized Inmates

MINORS UNDER 18

Income Below AFDC-Related Categorically Needy Limit	38
Income Below AFDC-Related Medically Needy Limit	39

18-YEAR-OLDS

Income Below AFDC-Related Categorically Needy Limit	38
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PREGNANT WOMEN

Income Below AFDC-Medicaid Limit	31
Income Below AFDC-Related Categorically Needy Limit	38
Income Below AFDC-Related Medically Needy Limit	39
Income Below Healthy Start Categorically Needy Limit	PW
60-day Extension Period	E3
Income Below Healthy Start Medically Needy Limit	P1
60-day Extension Period	E4

ELDERLY

Income and Assets Below SSI-Related Categorically Needy Limit	4
SSI-Related Medically Needy	5

BLIND

Income and Assets Below SSI-Related Categorically Needy Limit	14
SSI-Related Medically Needy	15

DISABLED

Income and Assets Below SSI-Related Categorically Needy Limit	22
SSI-Related Medically Needy	23

UNDOCUMENTED ALIENS.....AE